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UNITED STATES FORM D OMB APPROVAL SECURITIES AND EXCHANGE COMMISSION OMB Number: Washington, D.C. 20549 May 31, 2005 Expires: OCT 16 2003 Estimated average burden FORM D hours per response. 16.00 THOMSON NOTICE OF SALE OF SECURITIES VANCIAL SEC USE ONLY PURSUANT TO REGULATION D, 03035001 **SECTION 4(6), AND/OR** DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change.) Name of Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A, BASIC IDENTIFICATION DATA Enter the information requested about the issuer check if this is an amendment and name has changed, and indicate change.) (Number and Street, City, State, Zip Code) Address of Executive Offices Telephone Number (Including Area Code) CA 92037 858 - 456 - 244 9 ዕል3 Julia Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business INVEST MEN Type of Business Organization corporation limited partnership, already formed other (please business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 013 Actual Estimated 02 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DIE **GENERAL INSTRUCTIONS** Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales

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are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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this notice and must be completed.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	quested for the foll	lowing:	· · · · · · · · · · · · · · · · · · ·		
Each promoter of to	he issuer, if the iss	uer has been organized v	within the past five years;		
Each beneficial own	ner having the pow	er to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive offi	cer and director of	corporate issuers and o	f corporate general and ma	naging partners of	partnership issuers; and
Each general and n	nanaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Bar M	lartz	David	,	J	Managing Partner
Full Name (Last name first, it	f individual)			<i>.</i>	
2003	Orite	ct	LA JULIC	CA	92037
Business or Residence Address	s (Number and	Street, City, State, Zip C	Code)		
		 			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
<u>Scars</u>	TIN	<u>い</u>			
Full Name (Last name first, it	f individual)		C + T	. 1	
34	59 C	aminito	Janta r	e wini	
Business or Residence Address	SS (Number and S	Street, City, State, Zip C	CA 96	2014	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, i	f individual)				
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Business or Residence Address	ss (Number and)	street, City, State, Zip C	.oue)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
Oneon Box(es) Blac rippi).					Managing Partner
Full Name (Last name first, it	f individual)				
	,				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, i	f individual)				
•					
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Tall Mana (Last ages Fast)	6:				
Full Name (Last name first, in	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)	,	
Dualities of Residence Address	33 (Trumber und	outer, eny, outer, zip c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
,	•				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
	(Use blar	nk sheet, or copy and use	e additional copies of this	sheet, as necessary)	

					В. Г	NFORMAT	ION ABOU	T OFFERI	NG				
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1.	nas me	issuer son	d, or does the			n, to non-a Appendix				-	•••••••••••••••••••••••••••••••••••••••	Ø	缸
2.	What is	the minim	um investn					_				,3	0,000
						p					•••••••	Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?		••••••		***************************************	•	X	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Cull Name (Last name first, if individual)												
Ful	l Name (i	Last name	first, if ind	ividual)			N/A	<u> </u>		1	·	····	· · · · · · · · · · · · · · · · · · ·
Bu	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Lip Code)						
													
Nai	me of Ass	sociated Bi	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		***************************************		***************	***************************************		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	[NV]	NH	NJ	NM	NY	NC	ND	OH]	OK	OR	PA
	RI	SC	SD	TN	TX	[UT]	[VT]	[VA]	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	sinces or	Residence	Address (1	Vumher an	d Street C	ity State	Zin Code)						
Du.	311 C 33 G 1	Residence	71441633 (1	vanoe: an	a oacoi, c	ity, State, 1	eip code)						
Naı	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			or check									☐ All States	
	[ĀŤ]	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	AL IL	[N]	IA)	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
	 	D 11	111 0		16 6		7: 0 1						
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, A	Zip Code)						
Nai	me of Ass	sociated Br	oker or De	aler							· · · · · · · · · · · · · · · · · · ·		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	••••••		••••••	***************************************		••••••	☐ Al	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC)	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		mount Already Sold
	Debt		\$_	,
	Equity\$		··\$_	
	Common Preferred			
	Convertible Securities (including warrants)		\$_	
	Partnership Interests	450,00	<u>'</u>	
	Other (Specify)\$			
	Total	450,00	<u> </u>	
	Answer also in Appendix, Column 3, if filing under ULOE.	•		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		_	Aggregate
		Number Investors		Oollar Amount of Purchases
	Accredited Investors		\$	
	Non-accredited Investors		_ \$.	
	Total (for filings under Rule 504 only)		\$_	<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	I	Dollar Amount Sold
	Rule 505	·	_ \$	
	Regulation A		_ \$.	
	Rule 504		_ \$_	
	Total	Ò	\$_	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			Ø.
	Transfer Agent's Fees		<u> </u>	
	Printing and Engraving Costs		♂ \$_	1,000
	Legal Fees			3,000
	Accounting Fees			1,000
	Engineering Fees			0
	Sales Commissions (specify finders' fees separately)		_	
	Other Expenses (identify) Funders Fees		`_ ┌┐ \$	10,000
	Total		 	25,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s 425,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Salaries and fees	Payments to Officers, Directors, & Affiliates	Payments to Others
	Purchase of real estate		□\$
	Purchase, rental or leasing and installation of machinery		LJ 9
	and equipment [<u></u> \$
	Construction or leasing of plant buildings and facilities] \$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	רַ\$	 \$
	Repayment of indebtedness		As 120,000
	Other (specify): Civil Engenery, public relations [Insurance, property taxes, Architect plans, permits]\$	TS 180,000
	Other (specify): Civil Engenery, public relations	 _]\$	
	insurance property taxes, Architect plans permits		
			Bs 100,000
	Column Totals	7\$	
	Total Payments Listed (column totals added)	D \$	125,000
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte Rule 502.	le 505, the following n request of its staff,
	ser (Print or Type) Signature Signature	Date 9/20/	03
	me of Signer (Print or Type) Title of Signer (Print or Type)	**************************************	
	David Martz Manay	er	

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?									
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.									
	Print or Type) Signature Date 9/20/03									
Jame (F	Print or Type) Title (Print or Type) David Mart 2 Manaka									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX						
1	Intendation to non-a	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and irchased in State C-Item 2)		Disqual under Sta (if yes, explana waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited						
AL											
AK											
AZ											
AR											
CA	X	X	450,000	줱							
СО											
СТ											
DE											
DC				<u> </u>							
FL											
GA					<u>.</u>						
ні											
ID											
IL											
IN											
IA											
KS											
KY							 				
LA											
ме											
MD											
MA											
MI											
MN											
MS											

				APP	ENDIX					
1	Intendation to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		Disqual under Sta (if yes, explant waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited					
МО										
МТ										
NE										
NV										
NH										
NJ										
NM										
NY							4.22			
NC										
ND			No April of Mary 1981 and the second of the							
ОН										
ОК	******									
OR										
PA										
RI										
sc										
SD							tamaha ta			
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI	-									

				APP	ENDIX						
1		2	3		4						
	to non-a	d to sell accredited as in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and irchased in State : C-Item 2)		Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											